Transaction ID: Disbursement Contributions to Federal Candidates Candidate Name Rep. John M. Shirnikus Office Sought: X House Senate President State: IL District: 19 Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 21 / 25 (check only one)	
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO Box 5458 City State Zip Code IL 62705 Purpose of Disbursement Contributions to Federal Candidates Cardidate Name Rep. John M. Shimkus Office Sought: Senate President State: LD Strict: 19 Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS Mailing Address 38 lvy St SE City State Zip Code IL 62705 Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS Mailing Address 38 lvy St SE City State Zip Code Primary X General Other (specify) ▼ Transaction ID: D93712 Date of Disbursement this Per Vinary X General Other (specify) ▼ Transaction ID: D93712 Date of Disbursement This Per Vinary X General Other (specify) ▼ Transaction ID: D93712 Date of Disbursement This Per Vinary X General Other (specify) ▼ Transaction ID: D93712 Date of Disbursement This Per Vinary X General Other (specify) ▼ Transaction ID: D93712 Date of Disbursement This Per Vinary X General Other (specify) ▼ Transaction ID: D93712 Date of Disbursement This Per Vinary X General Other (specify) ▼ Transaction ID: D93712 Date of Disbursement This Per Vinary X General Other (specify) ▼ Transaction ID: D94087 Amount of Each Disbursement This Per Vinary X General Other (specify) ▼ Transaction ID: D94087 Amount of Each Disbursement This Per Vinary X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TEMIZED DISBURSEMENTS		21b 27	22 X 23 24 25 28a 28b 28c 29	
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